

STATE OF SOUTH DAKOTA


Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Lake Andes Wave		2. DATE 9/24/07
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 28.50 In State 30.50 Out of State
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) P.O. Box 187, Wagner, Charles Mix County, SD 57380-0187		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. Box 187, Wagner, SD 57380-0187		
6. FULL NAME OF PUBLISHER: Monica Jean Wepking		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FULL NAME Printer's Inc. </div> <div style="width: 45%;"> COMPLETE MAILING ADDRESS 209 S. Main, P.O. Box 187, Wagner, SD 57380-0187 </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) N/A		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	500	500
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	129	135
2. Mail Subscription (Paid and or requested)	221	221
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	350	356
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	25	25
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	375	381
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	125	119
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	500	500

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

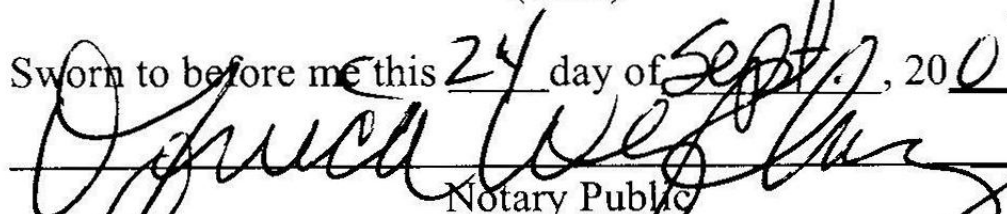

(Signature)

BUSINESS MANAGER
(Title)

State of South Dakota)
County of Charles Mix)

(Seal)

Form: SOS REC 051 7/2004

Sworn to before me this 24 day of Sept, 2007

Notary Public
My commission expires: April 12, 2012

CRAIG & MARY STEENSLAND

605 N. SANTA MONICA
NIXA, MO 65714

